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KS Preparedness Times

Feature Story

Severe Weather Tests Kansas Response Agencies in 2007

By Michael McNulty, CPHP Operations Specialist

The end of 2007 was eerily similar to the beginning of the year with respect to the weather in Kansas. On Dec. 9, the state was hit with a major ice storm that prompted Governor Kathleen Sebelius to declare a Governor State of Disaster for all 105 counties and activate the Kansas Response Plan.

For the fourth time this year, the Kansas Department of Health and Environment stepped into the Emergency Support Function (ESF) 8 coordinator role and began to assess the health and medical consequences to this newest crisis prompted by severe weather. Our response began Sunday evening as freezing rain pelted the southeastern part of the state. That system continued to move north and was projected to cover the

entire state with heavy freezing rain and ice through Monday and into Wednesday.



The KDHE Center for Public Health Preparedness (CPHP) operations staff continued to monitor the status of hospitals daily utilizing EMSys, and to provide information to our ESF 8 partner, the Kansas Department on Aging. KDHE requested that Aging remind the facilities they regulate that should the facilities require any assistance, to contact their local

emergency management organization. This action reinforced a message from Kansas Emergency Management (KDEM) to local emergency managers to make contact with and monitor the situation at their local extended care facilities and hospitals.

During the morning of Monday, Dec. 10, KDEM anticipated a very heavy freezing rain and icing event and requested that KDHE assign a staff member to report to the State Emergency Operations Center (SEOC) for a 48-hour shift. This action was in anticipation of the roads becoming so icy that it would put staff in harm's way to travel in such conditions. The CPHP operations specialist was detailed to this assignment with the specific mission of monitoring hospitals, extended care facilities, and other critical medical facilities during the incident. After the initial 48 hours, other CPHP staff relieved the operations specialist and 12-hour shifts began.

Once activated at the SEOC, CPHP staff continuously monitors EMSys for hospital status. This tool provides reasonably accurate data, updated twice daily, on how hospitals in the state are coping with the weather crisis. Utilizing this tool allows KDHE to monitor hospital status and generator usage as unobtrusively as possible and limits the number of phone calls to the hospitals during these emergency situations.

This is a win-win situation for both the facilities and KDHE. In addition, CPHP staff monitors all county situation reports and information posted on the WebEOC - Kansas Significant Events Log, for information regarding extended care facilities or other health and medical information. Again, utilization of this tool limits the interruption of local operations by SEOC ESF 8 personnel during the crisis. These tools, when utilized correctly and updated regularly by local entities, allow CPHP staff to maintain situational awareness across the state without the need to constantly call local responding agencies.

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A Minute with Mindee, CPHP Director

It hasn't been too difficult to think of what I want to say in our last preparedness newsletter of 2007, especially when I look out the window to see snowflakes falling yet again...

In a nutshell, this most certainly has been a year of weather extremes resulting in weather emergencies. From east to west and north to south, almost every Kansas county experienced a weather-related disaster during the past 12 months. Forty-four counties faced off with a blizzard/ice storm at the very end of 2006, which caused power outages, road closures, and other challenges that lasted well into the first weeks of 2007.



On May 4, the entire city of Greensburg was destroyed by an EF-5 tornado. Shortly afterward, more than 40 counties in northeastern Kansas dealt with flooding. The rains struck again in late June, this time in southeastern Kansas, with 23 counties at least partially under water and the city of Coffeyville hard hit not only with flood waters, but an oil spill to boot.

There were other severe summer storms and tornados that impacted lives and property all across Kansas, and the past few weeks have reminded me of how challenging Kansas winters can be.

I personally made the mistake by saying right after Thanksgiving I hoped we'd make it through the end of the year without any more weather-related emergencies. Then during the week of Dec. 10, a severe ice storm in eastern Kansas left thousands of us without power, including me. It was a humbling and challenging experience to be among the Kansans personally affected by a disaster while trying to help manage the response effort.

It taught me some valuable lessons about empathy, leadership, and most importantly, respect for the sacrifices and commitment of our local health department and hospital leaders who went far beyond the call of duty during their own personal crises to assure the health and safety of others.

What a unique year of challenges our health and medical providers have faced. A local health department and hospital were completely destroyed in Greensburg. Public health nurses used shopping carts as mobile clinics to administer tetanus vaccine. A functioning, licensed hospital was established in the National Guard's EMEDS unit. Many folks struggled to keep vaccine refrigerated during days and weeks without power. Some rode tractors from their country homes to be at work and continue providing care during the aftermath of last winter's blizzard. Nursing homes were evacuated due to flooding and power outages, with hospitals taking in additional patients.

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Through all of these trials and tribulations, it became clear to me that each of us as individuals, employees, and Kansans carries some level of responsibility to be actively engaged in the state's preparedness and response effort.

These disasters touched each and every one of us in some way, and 2007 will certainly be a year that I will always remember. Let's hope Mother Nature smiles upon us with a less severe, less inclement 2008.

CPHP Staff Update

Matthew Autrey has been hired as Senior Administrative Assistant with the Center for Public Health Preparedness. Prior to joining KDHE, he was employed by



Windstream Communications in Salina as a broadband services representative, working in dial-up Internet and DSL services. Matthew has a very strong track record in customer service and technical assistance, and brings to us a wide array of excellent computer skills and an in-depth knowledge of telecommunications services and functions.

A lifelong Kansan, Autrey is a 2003 graduate of Newton High School. He has taken computer engineering classes at Wichita State University, as well as computer science and aviation classes at Kansas State University-Salina.

When not working, Matthew enjoys playing computer games. His personal goal for the future is to travel more extensively. You can contact him by e-mail at: mautrey@kdhe.state.ks.us and by phone at (785) 296-8605.

Kathy Holm, who formerly served as director of administrative services for the CPHP, has taken a grant administrator position with the Attorney General's Office. We wish Kathy good luck in her new position.

Do you have news about your agency's preparedness efforts? If you would like to include it in the next issue of the **KS Preparedness Times**, please e-mail your news to Mike Cameron at: mcamero1@kdhe.state.ks.us



Prepared. On track. Online. Get Your Boarding Pass Today!

By Debbie Nickels, KS-TRAIN Administrator

The TrainingFinder Real-time Affiliated Integrated Network (TRAIN) is the nation's premier learning resource for professionals who protect the public's health and safety.

KS-TRAIN is comprised of the national www.train.org site with additional training added by Kansas partners, including the Kansas Department of Health and Environment, Kansas Division of Emergency Management, Kansas University, plus other state and local organizations.

TRAIN is a project of the Public Health Foundation that was funded by a grant from The Robert Wood Johnson Foundation, participating states, and the Centers for Disease Control and Prevention.

Because all TRAIN sites are connected, KS-TRAIN users can access information about state, local, national, or international training available through any participating TRAIN site. Currently TRAIN has 23 state affiliates as well as the Medical Reserve Corp. and the Division of Global Migration and Quarantine at the Centers for Disease Control and Prevention.

Learners can use KS-TRAIN to:

- Search or browse the nationwide database for on-site or distance learning courses;
- "Course Search" then "Browse Kansas" for just Kansas courses;
- Sign up for e-mails about new courses;
- Create a personal learning record of competency-based training;
- Provide and view feedback about courses listed on the site and;
- Register online for courses or conferences.

Course Providers can use KS-TRAIN to:

- Efficiently publicize courses to thousands of TRAIN users through multiple Web sites – enter course information once (not dozens of times) and it automatically goes to all participating sites;
- Manage online registration and student rosters;
- Collect feedback from learners online;
- Post course materials and discussion topics;
- Develop training plans and;
- Conduct course pre/post assessments.

As of Jan. 1, 2008, KS-TRAIN has 13,415 users and averaged 84 new learners to the system weekly in 2007. Since live events were first posted, there have been 1,279 training and exercise sessions available to the workforce to increase

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knowledge and competency.

Course reviews posted to the system by learners rate courses using the Likert Scale with a 4-5 star over all quality rating 85 percent of the time with 1 star being "poor" and 5 stars being "very good."

The KS-TRAIN site is open to the public health and safety workforce. If you haven't already taken advantage of the training opportunities offered by KS-TRAIN, please take the time to create a user account today.

Login to KS-TRAIN at: <http://ks.train.org> and create an account to state and national training through the learning management system.

If you have questions or want to learn more on how to post your training to the system, contact Debbie Nickels, KS-TRAIN administrator, KDHE, at (785) 291-3457 or by e-mail at dnickels@kdhe.state.ks.us.

New & Improved KS-HAN Set to Replace PHIX

By Bryan Barnes, PHIX/KS-HAN Administrator

Invitations for the new Kansas Health Alert Network (KS-HAN) are being distributed to Public Health Information Exchange (PHIX) users throughout Kansas. All active PHIX users are encouraged to register for the KS-HAN as soon as possible after receiving an invitation by e-mail.

KS-HAN is a web-based application that was developed as a replacement to the PHIX system, which has been in use since 2002. Changes in Centers for Disease Control and Prevention (CDC) standards for health alert network applications, including the need to integrate with newer technologies, prompted the move to a newer, more advanced system.

The primary function of PHIX is the distribution of health-related messages to a variety of stakeholders who participate in the response to matters concerning public health and safety. In addition to messaging, PHIX has also been a hub for sharing important documentation and collaboration tools through its information pages and forums.

The new KS-HAN system will take all of the current capabilities of PHIX and expand upon them, offering users a better, more intuitive experience. Improved system processes will provide users with an easier way to communicate and share resources with partners of many different disciplines and levels.

PHIX users will be invited to register for the KS-HAN according to their group affiliations. Prior to invitations being sent, a PHIX notice will be sent to the group being migrated with instructions on registering as well as information on the registration process. Users should expect to receive system invitations via the e-mail address they have listed in PHIX.

It is anticipated that all users will be registered into the KS-HAN by the end of January 2008. If you have any questions, please send them via e-mail to: kshanadmin@kdhe.state.ks.us.

Guest Speakers Available Through CPHP Speaker's Bureau

By Mike Cameron, Risk Communication Specialist

Are you looking for a speaker for a meeting or seminar? The Center for Public Health Preparedness created the Speaker's Bureau in June 2007, to provide timely information to Kansas residents about public health threats, outbreaks of infectious disease, bioterrorism and other acts of terrorism using chemical, radiological and nuclear weapons.

Effective preparedness and response to a public safety emergency or a public health crisis is dependent on a highly informed and well-trained team of response and medical professionals, as well as an informed and involved public.

The CPHP Speaker's Bureau has a team of experts available to speak to schools, conferences, civic organizations and professional groups on a variety of emergency preparedness and response topics. It was created to provide the latest information to professionals and the public so they are better equipped to prepare for and respond to a crisis or emergency.

Presentations delivered in 2007 covered a variety of topics, including how to spot and report a potential terrorist threat, all-hazards preparedness and response, emergency preparedness in the home, and risk communication principles.

The following groups requested a speaker and sponsored a presentation through the Speaker's Bureau in 2007:

- National Active and Retired Federal Employees;
- Kansas Association of Retired School Personnel;
- Kansas University Medical Center, Master of Health Services Administration Class;
- Kansas University, Communicable and Degenerative Diseases Class;
- Central Plains Expo for Health Care Professionals;
- Washburn University, Business and Professional Speaking Class;
- All Hazards Behavioral Health Symposium;
- KPHA Fall Conference and;
- Four Corners Emergency Management Conference.

We encourage our preparedness partners to participate in this service. CPHP is always looking for subject matter experts who are willing to give presentations in their area of expertise, and we encourage any partner who is looking for a speaker to contact us through the CPHP Speaker's Bureau, which can be accessed at: www.kdheks.gov/biot/speaker.htm.

There is a simple on-line survey form for submitting your request to the CPHP. For more information or to volunteer as a speaker in your area of expertise, please contact Mike Cameron at (785) 368-8053 or by e-mail at mcamerol@kdhe.state.ks.us.

Your request will be reviewed by a committee that looks at several factors such as number of expected participants, location, requested topic and staff availability. Every effort will be made to accommodate your request. You will be notified within three business days of the committee's decision.



Agencies Team Up to Simplify Hospital Preparedness Grant Process in 2007

By Jo Cook, CPHP Grant & Contract Specialist

KDHE and the Kansas Hospital Association have made great strides this past year in assuring that Kansas hospitals are prepared for emergencies created by all hazards. The 2007-2008 program guidance provided a means for hospitals to further their emergency operation planning efforts as well as promote critical training for all staff.

A major component of this year's grant is the requirement of interoperable communications. Hospitals are expected to be able to communicate in multiple ways with their community response partners in the event of an emergency. To accomplish this goal, hospitals have purchased a variety of redundant communication devices, such as amateur (ham) and 800 megahertz radios.

The process hospitals go through to obtain funding includes submitting an application and budget, based on the requirements set out by HHS and KDHE. With an official cutoff date of Nov. 30, 2007, the total number of hospitals participating in this year's program reached 120. This is up 7.5 percent from last year.

"The Center for Public Health Preparedness, Kansas Hospital Association, and the regional hospital preparedness coordinators have worked intensely over the last year to make the hospital preparedness grant easier for hospitals to participate in, given the high number of critical access hospitals in the Kansas (the most in the nation)," said Dan Leong, emergency preparedness director for the Kansas Hospital Association.

"It truly has been a collaborative effort, and we definitely have seen the results. The vast number of disasters in Kansas during 2007 was an eye opener for many hospital CEOs. In many cases it directly affected their facility's operations. Many hospitals were uncertain about participating in the preparedness grant program this year, but ultimately understood how their participation would help them address hospital gaps identified during the disasters," Leong added.

The CPHP and the KHA staff, along with the regional hospital preparedness coordinators, are excited about the progress being made in all hazards emergency preparedness in the hospitals of Kansas.

Kansas Scores 7 out of 10 in 2007 Trust for America's Health Annual Report on Public Health Preparedness

By Mike Heideman, Communication Specialist

Kansas met seven out of 10 criteria for public health emergency preparedness in a report released on Dec. 18 by Trust for America's Health (TFAH), a national non-profit organization that studies and evaluates health readiness and response capabilities in all 50 states. The full report, "Ready or Not? - Protecting the Public's Health from Diseases, Disasters, and Bioterrorism," can be found on the Web at www.healthyamericans.org.

"Kansas is as prepared, or more prepared than last year," said KDHE Secretary Roderick L. Bremby. "Continuously improving our ability to protect public health through readiness and response remains a priority of KDHE and our preparedness partners."

Kansas scored nine out of 10 on last year's report. The indicator Kansas missed last year, "achieve green status for Strategic National Stockpile (SNS) delivery," was accomplished in 2007 and is reflected in this year's report. State and local agencies completed Kansas HEAT in Aug. 2006, a statewide exercise designed to test their ability to distribute and dispense supplies from the SNS. The exercise was the last requirement to meet the green status, the highest SNS rating the state can receive.

One of the three areas for improvement noted in this year's report is an Electronic Disease Surveillance System (EDSS) that is compatible with the CDC's national system, including integrating data from multiple sources, using electronic lab reporting, and using an Internet browser.

In November, KDHE launched the Kansas EDSS. The system is compatible with the CDC's EDSS, with the exception of electronic lab reporting, which will be integrated into the system in 2008. Once electronic lab reporting is integrated, Kansas will meet the standards for this measure.

According to the report, Kansas also failed to meet the two laboratory indicators for 24/7 coverage to analyze samples and the ability to test for biological threats. TFAH based these findings on KDHE responses to an Association of Public Health Laboratories survey that have since been revised. Unfortunately, the TFAH report was released before these revisions were made. Kansas Health and Environmental Laboratories staff members are on call at all times and have ample capability to test for biological threats.

Here is a breakdown of each of the 2007 TFAH indicators and the status of Kansas in meeting them, along with some comparisons to the 2006 report:

Indicator #1: Achieved 'green' status for Strategic National Stockpile (SNS) delivery: Kansas met this indicator for the first time in 2007, after being evaluated by CDC for successfully completing the 'Kansas HEAT' exercise.

Indicator #2: Has purchased a portion of its share of federally subsidized or unsubsidized antivirals to use during pandemic flu: Kansas has purchased antiviral medications for this purpose. This is a new indicator in the 2007 report.

Indicator #3: Has sufficient laboratory capabilities to test for biological threats: Kansas was one of the first states to upgrade its laboratories to Bio-Safety Level 3 (BSL-3) standards. A variant of this indicator was used last year, when TFAH evaluated the sufficiency of BSL-3 laboratories to meet bioterrorism preparedness needs outlined in the state's emergency response plan.

Indicator #4: Can provide 24/7 laboratory coverage to analyze samples: State laboratory staff members are on call on a 24/7/365 basis. This indicator varies from the one used in 2006 in which states were assessed on the number of scientists available to test for anthrax and plague.

Indicator #5: Uses a surveillance system compatible with the CDC's National Electronic Disease Surveillance System. The state has recently upgraded its system. When electronic lab reporting is integrated as planned in 2008, Kansas will meet this indicator.

Indicator #6: Has laws that extend liability shields to healthcare volunteers in a public health emergency. Kansas has laws of this kind to ensure that healthcare workers are able to respond effectively. This is a new indicator used in the 2007 report.

Indicator #7: Held emergency preparedness exercises in 2007 with health department officials and the National Guard. KDHE routinely conducts exercises along with the Kansas National Guard. The 'Move It!' RSS Antiviral Distribution Exercise held this past August was an example of this cooperation.

Indicator #8: Has at least 14 Medical Reserve Corps volunteers per 100,000 citizens. Kansas has adequate numbers of Medical Reserve Corps volunteers to meet this indicator, which is new in the 2007 report. In 2006, TFAH instead evaluated the nursing workforce. All Kansas healthcare volunteers are tracked using the new Kansas System for the Early Recruitment of Volunteers (K-SERV).

Indicator #9: Increased or maintained seasonal flu vaccination rate of adults age 65 and older. In 2006, 72.5 percent of adults 65 and older in Kansas received an influenza vaccination within the 12 months prior to the survey. Seasonal flu clinics help to prepare the health system to rapidly distribute and administer vaccines. Kansas also met this indicator in the 2006 report when it measured the vaccination rate for 2005.

Indicator #10: Increased or maintained level of funding for public health services from FY 2005-06 to FY 2006-07. In 2007, funding for public health preparedness in Kansas increased by roughly 13 percent. Kansas also met this indicator when it was used in 2006.

The 2007 TFAH report is the fifth of its kind to be released in as many years. Kansas met nine out of 10 indicators in 2006, five out of 10 in 2005, seven out of 10 in 2004, and three out of 10 in 2003.

Nobody Left Behind

New Release of *Ready, Willing & Able* Course, Assisting People with Disabilities During Disasters, Available on KS-TRAIN

By Cathy Rooney, MS, and Michael H. Fox, Sc.D.

University of Kansas Medical Center

Research and Training Center on Independent Living

County health departments, hospitals, emergency managers and disaster relief teams each play crucial roles in putting the health and safety of people first during community disaster and emergency response situations. While being aware of the diverse range of capabilities among people facing emergencies, many health and safety personnel are less conscious of the unique needs of people with disabilities before, during, and after disasters.

In response to this gap, *Ready, Willing & Able*, a classroom or online training course, was developed by the Research and Training Center on Independent Living at the University of Kansas through partnerships with the Center for Public Health Preparedness and the Office of Local and Rural Health within KDHE. This training is designed for public health and hospital staff, health professionals, disaster preparedness managers, emergency response workers, and personnel working with people with disabilities.

Ready, Willing, & Able originated as a four-hour curriculum conducted in a classroom or workshop setting. In January 2008, the four-hour presentation will be replaced by a two-hour Internet video version, offered at no cost to persons wanting to take the course on KS-TRAIN. Continuing education credits are being sought and, once granted, noted in the course introduction.

Specific training covers disability etiquette, terminology, communications and assistance techniques during disasters for assisting people with disabilities. Course participants will become familiar with various disaster assistance needs of persons with sight, mobility, hearing, and cognitive disabilities. Instruction is given in the video by professional educators with one educator acting as a person with a disability to enhance the experience of acquainting the audience with disabilities.

The video captures the instructors' presentations through lectures, exercises for course participants and PowerPoint slides. Pre- and post-tests for knowledge and course satisfaction evaluation are provided to assure that students' learning needs are met.

The KS-TRAIN video experience is expected to be similar to the original four-hour course, which received excellent evaluations from previous class attendees. Remarks about the class included: "The topics most valuable are the sensitivity issues and ADA."

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"I came away from the course knowing more on how to respect people with disabilities."

"I now know how to respond and make appropriate accommodations in a disaster situation."

According to a first responder, "I obtained new, useful information to be utilized for planning for preparedness."

"Great course," said a staff person from an independent living center.

So far, 13 four-hour courses have been conducted with 538 enrolled participants at five health or emergency management associations' conferences, four hospitals or medical centers, and a public health department, home health agency, nursing school, and a center for independent living for people with disabilities. The Kansas Hospital Association assisted with arranging for course locations.

The course attendees represent 20 different occupations including hospital, emergency room, and health department nurses, public school nurses, respiratory therapists, social workers, hospital administrators, planners, information specialists, managers, and trainers. Public safety personnel included emergency managers, safety officers, bioterrorism coordinators, risk communicators, volunteers of the Citizens Emergency Response Team (CERT) and American Red Cross. Several attendees held dual roles in the health and public safety fields.

The pre- and post-test analysis of the original participants showed that both knowledge and confidence increased after taking the course. No differences appeared in mean knowledge or confidence levels among the three occupational groups (nursing and health, emergency field, and others). Persons in their respective fields the longest learned the most and those with the less experience increased their confidence much more than those with more experience.

Ready, Willing, & Able shows great promise as being a worthwhile investment of time and a valuable educational tool for health, safety, and other personnel to become better prepared to assist people with disabilities during disasters. Moving this educational project into the KS-TRAIN system will allow for greater access among professionals who would benefit from this training.

To get on board KS-TRAIN, you must first create an account, if you don't already have one. *Ready, Willing, & Able* is listed as a Kansas course and can be taken at anytime in the comfort of your office or home. A certificate of completion is offered by the course administrator once the pre- and post-tests and course evaluation have been completed by individual course participants.

State contributors of educational offerings on KS-TRAIN include KDHE, the Kansas Division of Emergency Management, the Kansas State Fire Marshal, University of Kansas, Kansas Association of Local Health Departments (KAHLD), and others.

For more information on *Ready, Willing, and Able* contact: Cathy "Cat" Rooney, Program Manager, Research and Training Center on Independent Living, University of Kansas by e-mail at: catr@ku.edu or by phone at (785) 864-4095.



Photo by Jeff Clark

Wolf Creek Response Exercise Earns Preliminary Praise from FEMA

By Mike Heideman, Communication Specialist

The 2007 Wolf Creek Nuclear Operating Corporation exercise took place on Nov. 6-7. The Federal Emergency Management Agency (FEMA) evaluated this exercise. Similar practice exercises are conducted in alternate years and are not evaluated.

More than 25 staff members from the Kansas Department of Health and Environment (KDHE) participated, along with officials representing several local, state and federal agencies and organizations, including the Kansas Adjutant General's Department, the Kansas Highway Patrol, the Wolf Creek plant near Burlington, Coffey County officials and many others.

The exercise tested all aspects of a simulated response to an emergency at Wolf Creek. Kansas received some very favorable preliminary evaluation results and comments during an exit meeting conducted by FEMA on Nov. 9, with the final results to be made available by early Feb. 2008.

Every facility and organization involved, from the State Emergency Operations Center (SEOC) in Topeka to local hospitals, Emergency Medical Service (EMS) and schools, were assessed on their performance. Overall, participants were cited for excellent direction and control, teamwork, knowledge of procedures, excellent coordination, and committed and enthusiastic volunteers.

"The level of coordination that took place was really impressive," stated Lesa Roberts, KDHE Environmental Epidemiologist. "Exercises like this one help greatly to develop those working relationships that would be crucial during an actual emergency."

"Each time we do these exercises together, we improve our techniques, our relationships and our overall readiness at the state, county and facility level," said Bill Chornyak, deputy director of the Kansas Division of Emergency Management (KDEM).

Three "Areas Requiring Corrective Action" (ARCA) were identified and corrected as the scenario was played out. Because they were corrected, the ARCA will not be carried over to the next evaluated exercise, which is already scheduled for 2009. Keeping ARCA to a minimum and correcting any that occur is essential for the continued operation of Wolf Creek, as well as all other nuclear power plants in the U.S.

State Medication Caches Will Reduce Burden on Health Care Agencies During Public Health Emergencies

By Stacy Robarge-Silkiner, SNS Coordinator

KDHE's Center for Public Health Preparedness (CPHP) accomplished two major milestones to improve preparedness levels in Kansas during 2007. In October, a cache of antibiotic medications, including Doxycycline, Ciprofloxacin, and Amoxicillin, was established through a contract with an area vendor.

These antibiotics will be used as preventative medication for the staffs of local health departments, hospitals, and Emergency Medical Services (EMS) and their respective family members during the first 48-72 hours of a public health emergency (prior to the arrival of the Strategic National Stockpile). While hospitals may continue to purchase their own stocks of antibiotics using federal preparedness funds, the challenges of rotating those stocks will likely continue.

The state's antiviral cache contains 80 percent Tamiflu and 20 percent Relenza. These medications are stored in Kansas in an undisclosed, secure location.

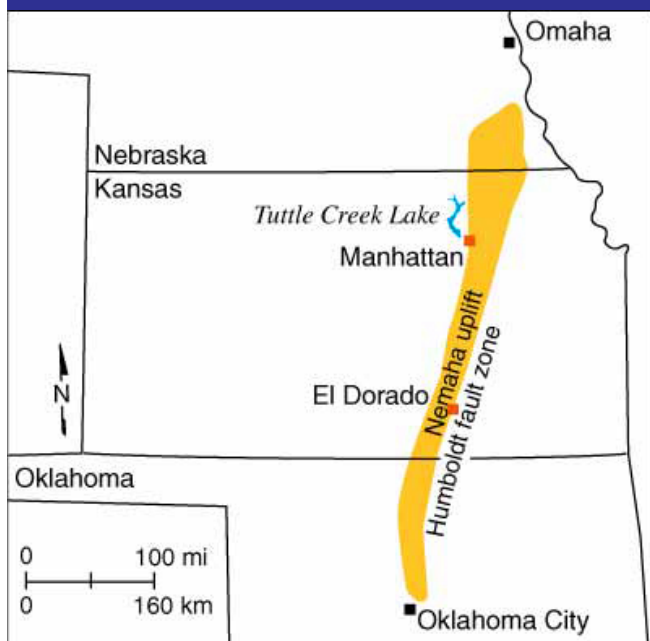
The state-based cache is being rotated as part of the contractual agreement, which assures that these antibiotics will be available when needed without expiring. In December, the state's antiviral cache, to be used in case of pandemic flu, was put in place. In conjunction with the antivirals purchased by the Department of Health and Human Services (HHS), KDHE will have access to 286,084 courses of antivirals, enough to treat 25 percent of the state's population.

It's important to note that the Kansas cache was purchased as part of the federal subsidy program through HHS, using an emergency supplemental award of state funds.

The state's antiviral cache contains 80 percent Tamiflu and 20 percent Relenza. These medications are stored in Kansas in an undisclosed, secure location.

The biggest challenge faced with the state-based cache of antivirals is that it is not subject to the federal Shelf Life Extension Program (SLEP), so it is possible the medications may expire prior to being needed, as the federal subsidy program requires that the antivirals be used only in the case of pandemic flu; however, the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) are researching the possibility of allowing state-based caches into the SLEP, which would resolve this issue for Kansas and other states.

For more information about the state's antibiotic or antiviral cache, please contact Stacy Robarge-Silkiner, SNS Coordinator, by e-mail at srobarge@kdhe.state.ks.us or by phone at (785) 296-7428.



Tabletop Exercise Looks at Possible Earthquake Along Nemaha Fault

By Mike Cameron, Risk Communication Specialist

Blizzards, ice storms, tornadoes and floods have all wreaked havoc in Kansas over the last 12 months. “What’s next?” you may ask. Well, how about an earthquake?

The Annual Four Corners Emergency Management Conference, held in Branson, Mo., Dec. 5-7, and attended by public safety and health officials from Arkansas, Kansas, Missouri and Oklahoma, invited Tina M. Niemi, Ph.D., to speak about the research she has done on the Nemaha Fault. Niemi, an associate professor in the Department of Geosciences at the University of Missouri - Kansas City, related what occurred during past earthquakes triggered by the Nemaha Fault, which runs from Oklahoma north through Kansas between Manhattan and Topeka, to Lincoln, Neb.

Residents of rural northwest Missouri occasionally report tremors. Shaking due to small earthquakes has also been felt in Iowa, Kansas, and Nebraska in the last year. According to Niemi, small earthquakes regularly occur along the fault line and a larger quake is possible at any time.

The last notable quake along the fault line occurred Apr. 9, 1952, causing moderate damage radiating outward from the epicenter in El Reno, Okla., including toppled chimneys and smokestacks, cracked and loosened bricks on buildings, and broken windows and dishes. One crack in the State Capitol at Oklahoma City was nearly 50 feet long. Slight damage was reported from many other towns in Oklahoma and from some towns in Kansas and Texas.

For the tabletop exercise, the damage map from the El Reno earthquake was superimposed on a map of the four corners area, with Montgomery County, Kan., as the epicenter.

Using the Modified Mercalli Scale (next column), which measures earthquake damage intensity, damage from the quake ranged from a X, with most masonry and frame structures

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destroyed, to a VI with tremors felt by everyone, with damage to chimneys and cracked plaster. At its epicenter, the quake would have measured 7+ on the Richter Scale.

The three-hour exercise took participants through a three-day scenario and spurred discussion on what steps would be taken to respond to and recover from the disaster both within each state and what resources would be shared between the states. The exercise was led by A.J. Lehman, exercise officer with the Missouri State Emergency Management Agency. Niemi was also available to answer questions.

Participants were told that a quake of that magnitude would cause extensive damage to buildings, highways and rail lines. Power lines would topple like dominos and rolling blackouts would occur throughout the four-state area.

Multiple fires would occur due to ruptured pipelines and natural gas lines. Hospitals would be overwhelmed with injured persons and communications would be spotty at best.

Emergency management and local health officials from Cherokee, Crawford and Labette Counties, as well as KDHE represented Kansas in the exercise. All participants readily agreed that additional planning and exercises were needed in all four states.

Modified Mercalli Scale		Richter Magnitude Scale
I	Detected only by sensitive instruments	1.5
II	Felt by few persons at rest, especially on upper floors; delicately suspended objects may swing	2
III	Felt noticeably indoors, but not always recognized as earthquake; standing autos rock slightly, vibration like passing truck	2.5
IV	Felt indoors by many, outdoors by few, at night some may awaken; dishes, windows, doors disturbed; autos rock noticeably	3
V	Felt by most people; some breakage of dishes, windows, and plaster; disturbance of tall objects	3.5
VI	Felt by all, many frightened and run outdoors; falling plaster and chimneys, damage small	4
VII	Everybody runs outdoors; damage to buildings varies depending on quality of construction; noticed by drivers of autos	4.5
VIII	Panel walls thrown out of frames; fall of walls, monuments, chimneys; sand and mud ejected; drivers of autos disturbed	5
IX	Buildings shifted off foundations, cracked, thrown out of plumb; ground cracked; underground pipes broken	5.5
X	Most masonry and frame structures destroyed; ground cracked, rails bent, landslides	6
XI	Few structures remain standing; bridges destroyed, fissures in ground, pipes broken, landslides, rails bent	6.5
XII	Damage total; waves seen on ground surface, lines of sight and level distorted, objects thrown up in air	7
		7.5
		8



2007 Kansas Weather

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For the initial week of response ending Friday, Dec. 14, CPHP maintained a presence at the SEOC. At 7 p.m. on Friday, CPHP returned to on-call response status for any additional issues and resumed full-time monitoring of the incident during work hours on Dec. 17. During this response, CPHP staff provided health and medical situational awareness to KDEM and KDHE leadership, advice to local and state emergency management and local health and medical providers, as well as requested information to the U.S. Department of Health and Human Services.

In addition to providing a presence at the SEOC, KDHE provided other forms of support including inspecting food establishments, contacting lodging facilities, and technical support related to debris management issues.

“Undoubtedly, 2007 has been a real test of the capabilities of federal, state and local crisis and emergency response partners in Kansas,” said Mindee Reece, CPHP director. “We truly came full circle throughout the year; beginning with the January ice and snow storm in western Kansas, followed by the devastating tornados that destroyed Greensburg and caused damage in several other counties. Spring flooding in northeast Kansas and other parts of the state and the unprecedented flooding in southeast Kansas again tested the ability of state and local response agencies to assist Kansans in recovery.”

As Kansas recovers from the December ice storm, KDHE and other response agencies are glad to see 2007 come to an end. “Who knows what 2008 will bring?” said Reece. “After 2007, I think we’re ready for anything Mother Nature throws at us, but most of us hope she takes it easy this year.”

Task Force Created to Plan Management of Mass Fatalities

By Sandy Johnson, Operations Director

Care and handling of human remains in a dignified manner is an extremely important part of the response to any incident that results in mass fatalities. The Center for Public Health Preparedness has partnered with the Kansas Funeral Directors Association (KFDA) to form the Mass Fatality Management Planning Task Force.

The task force is made up of representatives from over a dozen disciplines involved with planning for and responding to an event that could result in an overload of resources necessary to properly care for human remains.

The KFDA has a plan in place that addresses many of the issues involved when an incident resulting in a large number of fatalities is localized. In the course of planning for a pandemic, we realized that this plan will not work when the event is widespread.

KDHE is assigned the task of managing mass fatalities under the Emergency Support Function 8 (ESF8) portion of the State Response Plan (SRP). The SRP is modeled after the National Response Plan.

The mission of the task force is to address changes to current statutes and operating procedures to ensure that all plans in place are operational and that all responding entities are aware of the plans, procedures, and resources available.

Members of the task force participated in a tabletop exercise using a pandemic influenza scenario conducted on Nov. 8, at the Kansas Department of Wildlife and Parks Field Office in Topeka.

The exercise had three objectives focusing on communications pathways and methods, scope and volume of public information necessary and issues related to surge capacity for morgues, mortuaries and medical examiners.

Recommendations determined as part of the After Action Report included:

- KDHE should consider adding a coroner’s group to the PHIX/HAN system;
- The task force should explore the possibility of setting up of telephone banks to accept calls from the public regarding deceased family members;
- Faith-based organizations should be recruited as members of the task force;
- Educational materials should be developed and distributed to faith-based organizations; and
- KDHE should consider hosting training events for county coroners and those most likely to be deputized during an emergency.

This year the task force will be acting upon these and other recommendations. Local agencies are represented by several members of the task force, and new members are always welcome.

If you would like to be involved in the task force, contact Sandy Johnson by e-mail at: sjohnso1@kdhe.state.ks.us or phone (785) 291-3065.

President's Perspective: Community Hospitals, Community Responders

By Tom Bell, Kansas Hospital Association President

As if the events of 2007 hadn't already made us painfully aware, the December ice storms emphasized the impact that Mother Nature can have on our lives. At the same time, however, the importance of community hospitals to the citizens of our state also was emphasized.

During the December ice storms, many local and county emergencies were declared in Northeast and Southeast Kansas, including a governor's state of emergency. Hospitals that had to use generators or back-up power included: Hiawatha Community Hospital, Holton Community Hospital, Sabetha Community Hospital, Inc., NEK Center for Health and Wellness, Inc. (Horton), Mercy Regional Health Center, Inc., (Manhattan), Hanover Hospital, Community HealthCare System, Inc. (Onaga), Wamego City Hospital, Geary Community Hospital (Junction City), Mt. Carmel Regional Medical Center (Pittsburg) and St. Johns Maude Norton Memorial Hospital (Columbus). Hospitals that lost Internet access included: Morris County Hospital (Council Grove), Community HealthCare System, Inc. (Onaga), Hanover Hospital and St. Johns Maude Norton Memorial Hospital (Columbus).

In addition, some hospital staff lost power at their homes and had to stay with other staff, or in some cases, in empty hospital rooms. The ice storms also tested the surge capacity at hospitals because some patients couldn't be discharged home due to loss of power at their residences.

The latest state natural disaster is another example of the tremendous benefits provided by Kansas community hospitals. In spite of all the challenges caused by the ice storms, hospitals continued to stay open and provide around the clock emergency services for their communities.

Hospital staff risked their lives to get to work and remained at the hospital to labor in place of those who were

kept from work. Hospitals have been there for their communities in other ways, providing benefits like food and shelter to those who were without power.

It's not really surprising that the hospitals in Kansas have been such an important element of the community response to this disaster. In fact, they probably haven't done anything you wouldn't expect them to do. That's just the point. Because hospitals are always there with open doors, we often take for granted the critical role of hospitals in the fabric of the community. When disasters strike, like they did all too often during 2007, that role is magnified, and we can be proud of what we see.

As 2008 begins, hospitals should be prepared for more of the same weather-wise. Please make sure to review your mutual aid agreements, emergency operations, staffing, communications and utilities plan. When disaster strikes, the Kansas Department of Health and Environment and the Kansas Division of Emergency Management continue to request that hospitals update their status and resources on EMSys/EMResource. If Internet access is lost, please use available communication to contact one of your regional resources who can update your status: Regional Hospital Preparedness Coordinator, Regional EMResource Administrator or our staff at KHA.

If you need your regional contact information, please contact Dan Leong, KHA emergency preparedness project director at (785) 233-7436. With your help, we can make our state as prepared as possible for anything Mother Nature offers.

Article previously published in the Kansas Hospital Association weekly newsletter, used with permission from the KHA.

CHEMPACK Program Ready for Use

During 2007, the Centers for Public Health Preparedness implemented the Center for Disease Control and Prevention's Chempack Program that provides containers of emergency medical supplies to be used by hospitals and EMS providers in the event of a chemical attack or release.

There are 13 CHEMPACK containers in seven facilities across Kansas, and 98.4 percent of Kansans are within a 100-mile coverage area of at least one CHEMPACK container. KDHE is coordinating with neighboring states to ensure 100 percent coverage of residents and offering to share CHEMPACKs should the need arise within their state.

CHEMPACK represents a demonstration of coordinated planning efforts between many local, state, and federal agencies including: CDC, KDHE, Kansas Division of Emergency Management, the Kansas State Fire Marshal's Office, and numerous hospitals and local fire/EMS services.

The Standard Operating Procedures and templates that were developed by CPHP's Chempack Program Manager were cited as a "best practice" by the CDC.

For more information, contact Michael McNulty, CPHP's CHEMPACK manager, at (785) 296-5201 or by e-mail at: mcmcnult@kdhe.state.ks.us.



CHEMPACKS, stored in one of the seven undisclosed locations, ready for distribution if needed.